2007 LIMITED LIABILITY COMPANY, ANNUAL REPORT

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DOCUMENT # L00000015033

1. Entity Name

REALMARK BURNT STORE MARINA, L.L.C.



FILED
Mar 26, 2007 08:00 AM
Secretary of State

Principal Place of Business

3192 MATECUMBE WAY PUNTA GORDA, FL 33955 Mailing Address

5789 CAPE HARBOUR DR, STE 201 CAPE CORAL, FL 33914



03192007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 65-1062523	Applied For Not Applicable	
5. Certificate of Status Desired	\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

BOLANOS, TRUXTON, P.A. 12800 UNIVERSITY DR., STE. 350 FT MYERS, FL. 33907

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the obl	Dove named entity submits this statement for the purpose of cha digations of registered agent.	nging its registered office or registered agent, or both, in th	ne State of Florida. I am familiar with, and accept
SIGNATU	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
	Filling Fee is \$50.00 Due by May 1, 2007		
9,	MANAGING MEMBERS/MANAGERS		, , , , , , , , , , , , , , , , , , , ,
TITLE	MGR		
NAME	STOUT, WILLIAM J JR		

STREET ADDRESS 5789 C APE HARBOUR DR, STE 201 CITY-ST-ZIP CAPE CORAL, FL 33914 TITLE DEARDEN, CRAIG A NAME 5789 CAPE HARBOUR DR, STE 201 STREET ADDRESS CITY-ST-ZIP CAPE CORAL, FL 33914 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

U00000678307 04/02/07-80027-025 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver of the true and accurate and the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver of true and the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver of the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver of the liability company or

SIGNATURE:	- / Mun
	/ V V 7

MINITED REPRESENTATIVE

3/21/67 239-541-1372

Daytime Phone #

Daytime